


FIG. 1

 Audis5

File

Company

Employee

Current Company: APOGEE INC.

Employee:

HINT: Select a Company or add a new one, Then Press the NEXT Button.

Company

Employees

History

Test

Results

Reports

Select a Company: Apoqee, Inc.

Company: APOGEE INC.

Address 1: 313 NARROWS TRACE

Address 2: SUITE #100

City: BEAVERCREEK State: OH Zip: 45385

Additional Information

Do NOT Use Age Correction Factors ☒

Contacts

Name

Primary

First

Dimitri

Last

Preonas

Phone

937-320-1530

Name

Emergency

First

Steve

Last

Stephenson

Phone

937-320-1535

Add A New Company


 NEXT

FIG. 3

**Audi5** [Icons]

File Company Employee

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**Current Company:** APOGEE INC. **Employee:** STEPHENSON, STEPHEN

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HINT: Select an Employee or add a new one. Then Press the NEXT Button.

Company	Employees	History	Test	Results	Reports
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**Select an Employee:**

SMITH, MARGIE

SMITH, VICTORIA

SNEEDEN, DOUGLAS

SPANORIGAS, NICHOLAS

SPEARS, RICHARD

STEFANOPOULOS, TASIA

Stephenson, Carlie

**STEPHENSON, STEPHEN L.**

STEWART, CHARLENE

STOOKEY, ALLEN

STORMER, DAVID

STOVER, ALICE

STOVER, ALICE

STROLE, SANDRA

TACKETT, GLOTTA

TAULBEE, ELIZABETH

THIRKIELD, DAVID

THOMAS, LINDA

THOMPSON, RHANDI

View All
View Test History

**Employee Information:**

Last Name: STEPHENSON

First Name: STEPHEN L.

Sex: ☒ Male ☐ Female

SSN: 123-45-6789

DOB: 1/1/46

DOE: 12/24/76

Last Hearing Test: 7/12/00

TWA: 85

Shift: 1

Department: ADMIN.

Building: 1

Plant: 1

Clock Number: 123456789

Add New
Edit Current

**NEXT**

0047221-12400

# 2024年11月

<b>Audi5</b>			
File Company Employee			
<b>Current Company:</b>		<b>Employee:</b>	
APOGEE INC.		STEPHENSON, STEPHEN	
<b>HINT:</b> Fill in/change the answers/check boxes and press the NEXT button.			
Company		Employees	
<b>History</b>		Test	
Results		Reports	
History as of : 9/21/00			
Old History:			
Ringing in your ears		Yes No	
Ear Operation		Dizziness	
Punctured Ear Drum		Head Injuries	
Draining from your ears		Family Hearing Loss	
Earaches		Allergies/Hayfever	
Exposed to noises such as...		Rx/OTC Meds	
Snowmobiles		Quiet Rule	
Gunfire		Upper Respiratory Inf/Sinus	
Motorcycles		Training	
Rock Music		Trouble Hearing	
Farm Equipment		Military Service	
Other		Exposed to gunfire or loud noises while in the service?	
Explain...		Air Force	
POWER TOOLS			

FIG. 4b

**Test History**

**Current Company:** APOGEE INC.
 **Employee:** STEPHENSON, STEPHEN

**Right Ear**

500	1K	2K	3K	4K	6K	8K
15	10	10	15	25	15	15

**Left Ear**

500	1K	2K	3K	4K	6K	8K
15	10	10	25	45	20	15

**Technician:** Chris Pavlakos

**Certification No.:** 514

**Audiometer S/N:** 6226

**Audiological Comments:**

**Hearing Protection Device**

<b>Code</b>	<b>Name</b>	<b>Type</b>
00	NO PROTECTION WOR	5

Baseline

**Test Results:**

<b>Rating</b>	2 - Slight	<b>Hearing Protection Needed</b>	No - Current is adequate
<b>STS</b>		<b>Medical Referral</b>	No
<b>Hearing Loss</b>	No Significant Change		

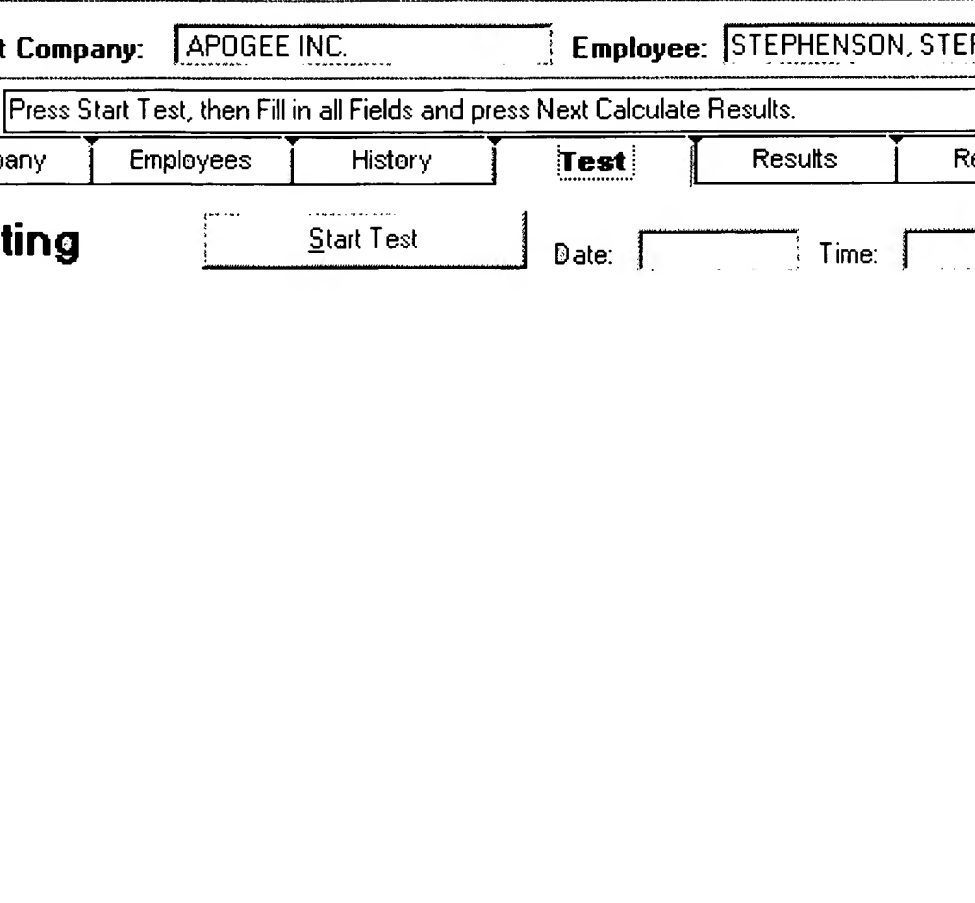
Test 4 of 9 on file.
 Test Date/Time: 2/14/95 5:00:00 PM
 

Edit

Close

09737243 - 121400

FIG. 5a



**Audi5**

File Company Employee

Current Company: APOGEE INC. Employee: STEPHENSON, STEPHEN





HINT: Press Start Test, then Fill in all Fields and press Next Calculate Results.

Company Employees History **Test** Results Reports

**Testing**

Start Test Date: Time:

# 2024


**Audi5**




File Company Employee

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**Current Company:** 
**Employee:**

**HINT:**

Company	Employees	History	<b>Test</b>	Results	Reports
---------	-----------	---------	-------------	---------	---------

## Testing

Date: 
Time:

**Right Ear**

500	1K	2K	3K	4K	6K	8K
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Left Ear**

500	1K	2K	3K	4K	6K	8K
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Audiological Comments:**


**Technician** 
**Certification No.** 
**Audiometer S/N**




**Hearing Protection Device**

Enter device data....

<b>Code</b>	<b>Name</b>	<b>Type</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

FIG. 5c


**Audi5**

File Company Employee

**Current Company:** 
**Employee:**

HINT:

Company

Employees

History

**Test**

Results

Reports

**Testing**

Date: 
Time:

Right Ear

500	1K	2K	3K	4K	6K	8K
<input type="text" value="10"/>	<input type="text" value="10"/>	<input type="text" value="10"/>	<input type="text" value="10"/>	<input type="text" value="15"/>	<input type="text" value="10"/>	<input type="text" value="15"/>

Left Ear

500	1K	2K	3K	4K	6K	8K
<input type="text" value="10"/>	<input type="text" value="10"/>	<input type="text" value="10"/>	<input type="text" value="10"/>	<input type="text" value="15"/>	<input type="text" value="10"/>	<input type="text" value="15"/>

Audiological Comments:




Technician


Certification No.

Audiometer S/N

Hearing Protection Device

Enter device data....

Code	Name	Type
<input type="text" value="1"/> 	<input type="text" value="EAR"/> 	<input type="text" value="Foam Plugs"/> 


Save / NEXT

004727 "E42/E460



FIG. 6a

**Audi5** File Company Employee

**Current Company:** APOGEE INC. **Employee:** STEPHENSON, STEPHEN

HINT: Review the Results and Press Save then Press Next Button for Reports.

Company	Employees	History	Test	<b>Results</b>	Reports
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### Results

**Save Results**

Rating: 1 - Normal

STS: No STS

Hearing Loss: No Significant Change


Hearing Protection Needed: No - Current is adequate




Medical Referral ? No

**Review Test** **Accept**

**NEXT**

004427 E424E450

 **Audi5**



File Company Employee

**Current Company:** APOGEE INC. **Employee:** STEPHENSON, STEPHEN

HINT: Review the Results and Press Save then Press Next Button for Reports.

Company	Employees	History	Test	<b>Results</b>	Reports
---------	-----------	---------	------	----------------	---------

## Results

Rating

1 - Normal

STS

No STS

Hearing Loss


No Significant Change

Hearing Protection Needed

No - Current is adequate

Medical Referral

No

  
NEXT

# BOOK REVIEW

<b>Audi5</b>		
File   Company   Employee		
<b>Current Company:</b>	<input type="text" value="APOGEE INC."/>	<b>Employee:</b> <input type="text" value="STEPHENSON, STEPHEN"/>
<b>HINT:</b> <input type="text" value="Run a report. Then Click back on 'Next Employee' to continue."/>		
Company	Employees	History
Test	Results	<b>Reports</b>

## Reports

**Print to:**  
☒ Screen   ☐ Printer

**Report Dates:**  
 From:    To:

**Employee:**

Current Employee Hearing Evaluation Report

All - Employee Hearing Evaluations

**Company:**

Audiometric Summary Report

Audiometric Test Report

Audiometric Classification Report (Baseline)

Audiometric Classification Report (Annual)

Employee Hearing Protection Report

All Reports

Next Employee

Exit